

# PRIVACY ACT RELEASE FORM

This is to advise the \_\_\_\_\_ that I have  
(Name of federal agency)  
requested Congresswoman Eddie Bernice Johnson of Texas to inquire on my behalf and  
do hereby give my permission for appropriate information in my file to be released to her.

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

CLAIM/FILE/ALIEN#: \_\_\_\_\_

**NATURE OF PROBLEM (Please be specific):**

[illegible]

Signature \_\_\_\_\_

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Date \_\_\_\_\_

**Please return to: Congresswoman Eddie Bernice Johnson**

3102 Maple Avenue, Suite 600  
Dallas, Texas 75201  
214-922-8885  
Fax: 214-922-7028

8344 East R.L. Thornton Fwy,  
Suite, 222  
Dallas, Texas 75228  
214-324-0080  
Fax: 214-324-0457